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| DEPARTMENT OF CORRECTION | RELATED NCCHC/ACA STANDARDS: | |
| | P-E-13/4-4347 (IMPORTANT) | |
| CHAPTER: 11 HEALTH SERVICES | SUBJECT: DISCHARGE PLANNING | |
| APPROVED BY THE COMMISSIONER: | | |
| EFFECTIVE DATE: 11-19-07 | | _ |

PURPOSE:

Inmates with serious medical needs, who are designated for scheduled release from the system back to the community, have a plan regarding continued care and follow-up after their release.

POLICY:

- 1. Inmate's medical record is reviewed by healthcare staff to determine inmate post release planned at least 30 days prior to scheduled release.
- 2. Medical and mental health staff will meet with identified patients and discuss continued medical or mental health service options post-release from facility. Inmate will sign appropriate release of information documents to allow release of such information to referred providers. Refusal of inmate to sign release of information may limit referrals that can be made to community providers.
- 3. Inmates currently receiving treatment for a chronic infectious disease will be reported to the state health department regarding their release date and pertinent information. This is done within the guidelines of confidentiality.
- 4. Site Health Service Administrator or designee will formulate a list of community providers for referral of inmates upon release from facility. Community provider list includes such providers as state health department, community mental health programs, drug/alcohol programs, local free clinics, etc.
- 5. Inmates receiving medications related to medical and mental health chronic illnesses are provided 30 days of medication.
- 6. Inmates provided release medications are required to sign for receipt of medication. Signed form will be placed in the inmate's medical record.

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- 7. All discharge planning discussions or team discharge planning meetings will be documented in the medical record.
- 8. Site medical or mental health staff will provide to the inmate a discharge summary at time of release. Inmate will be educated on importance of follow-up regarding appointments, medications, etc., as dictated based on progression of disease state.
- 9. For an inmate who has serious complex post release needs, a discharge plan is developed and coordinated with outside agencies at least four (4) weeks in advance of release.

References: